



Canadian Shooting Sports Association
 Association des Sports de Tir du Canada

Leading the way...Chef de file

Fier d'appuyer
 Proud Supporter of



CILA

MEMBERSHIP APPLICATION FORM

FIRST NAME _____ LAST NAME _____

STREET, APT. # _____

CITY _____ PROV. _____ POSTAL CODE _____

RES. TEL. _____ BUS TEL. _____ FAX _____

E-MAIL _____ NAME OF CLUB **Haliburton County Marksman Club**

SHOOTING DISCIPLINE: Rifle Handgun Shotgun Black Powder Collecting Hunting

****Privacy Policy**** The Canadian Shooting Sports Association (CSSA) is committed to protecting the privacy of all individuals, in particular that of its members as part of its compliance with the federal Personal Information Protection and Electronic Documents Act. CSSA has adopted a privacy policy concerning the collection, use and disclosure of personal information provided to it. The information supplied will not be used other than in the normal CSSA procedures and practices and will not be distributed to any third party.

SIGNATURE OF APPLICANT _____ DATE _____

NEW MEMBERSHIP RENEWAL (Mem #) _____

Membership Options (please circle choice):

1 YEAR

General

Family*

***Please list additional familynames:** _____

Junior**

JUNIOR MEMBERSHIP**: Members who have not reached their 18th birthday.

FAMILY MEMBERSHIP*: Member + spouse + children under the age of 21 living at home and in full attendance at school.